



APPLICATION FOR EMPLOYMENT

{DATE OF APPLICATION}

NAME:

{FIRST}

{MIDDLE}

{LAST}

ADDRESS:

CITY, STATE, ZIP:

DATE OF BIRTH:

SOCIAL SECURITY NO:

CELL PHONE NO:

EMAIL ADDRESS:

ARE YOU ON ANY MEDICATIONS THAT WOULD PREVENT YOU FROM BEING ABLE TO DRIVE?

DO YOU HAVE ANY PRE-EXISTING INJURIES?

ADDRESS FOR PAST THREE YEARS

ADDRESS:

{STREET}

{CITY}

{STATE}

LENGTH:

{YEARS}

ADDRESS:

{STREET}

{CITY}

{STATE}

LENGTH:

{YEARS}

ADDRESS:

{STREET}

{CITY}

{STATE}

LENGTH:

{YEARS}

ADDRESS:

{STREET}

{CITY}

{STATE}

LENGTH:

{YEARS}

DRIVER’S LICENSE

{LIST ALL DRIVER’S LICENSES YOU HAVE HELD FOR THE LAST (3) YEARS, STARTING WITH YOUR CURRENT LICENSE}

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

I CERTIFY THAT I POSSESS ONLY ONE (1) MOTOR VEHICLE OPERATORS LICENSE: _____

ACCIDENT RECORDS FOR PAST 5 YEARS

{ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED}

DATE	NATURE OF ACCIDENT <small>{WHAT TYPE OF ACCIDENT}</small>	FATALITY?	INJURIES?
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

OTHER THAN PARKING VIOLATIONS

{ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED}

LOCATION	DATE	CHARGE	PENALTY

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? _____

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? _____

{IF ANSWER IS YES TO EITHER QUESTIONS – EXPLAIN ON THE BACK OF THIS PAGE}

EMPLOYMENT RECORD

PREVIOUS EMPLOYMENT FOR AT LEAST THREE (3) YEARS AND/OR COMMERCIAL VEHICLE DRIVING EXPERIENCE FOR THE PAST TEN (10) YEARS TO BE SHOWN PER US DOT REQUIREMENTS

LAST EMPLOYER:

NAME: _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

SUPERVISOR: _____ PHONE: _____

YES NO

WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?

YES NO

WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION REGULATED BY USDOT AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 40CFR PART 40?

NEXT PREVIOUS EMPLOYER:

NAME: _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

SUPERVISOR: _____ PHONE: _____

YES NO

WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?

YES NO

WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION REGULATED BY USDOT AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 40CFR PART 40?

NEXT PREVIOUS EMPLOYER:

NAME: _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

SUPERVISOR: _____ PHONE: _____

YES NO

WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?

YES NO

WAS THIS POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION REGULATED BY USDOT AND SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 40CFR PART 40?

{IF ADDITIONAL EMPLOYMENT INFORMATION MUST BE SHOWN, PLEASE ATTACH ANOTHER SHEET}

Request for Employee previous employment information and safety performance history information

Prospective employer: GE Transport
Address: 155 Lyon Drive Fernley, NV 89408
Telephone: (775) 575-2220

Fax: (775) 575-2115

The applicant stated below has applied with GE Transport.
Will you please reply to the inquiry below.

Prospective employee: _____

Last four of SSN _____

Previous employer: _____

Supervisor _____

Telephone: _____

Position: _____

Start date: _____

End date: _____ Resign/Quit Termination

Applicants release authorization.

I hereby authorize you to give to GE Transport all information regarding my services, character, conduct and the results of any positive controlled substance test, alcohol test with a result of .04 or greater, evidence of refusal to be tested (including adulterated or substituted test results); other violations of the FMCSA (if applicable) alcohol and controlled substance testing rules and information on any required substance abuse professional (SAP) evaluation and compliance with SAP recommendations for the preceding three years while in your employ. I release you from any and all liability, which may result from furnishing such information to GE TRANSPORT.

Applicant signature _____

Date: _____

STATEMENT OF DUE PROCESS RIGHTS FOR CERTAIN APPLICANTS

DRIVER APPLICANTS WITH **UNITED STATES DEPARTMENT OF TRANSPORTATION** REGULATED EMPLOYMENT DURING THE PRECEDING THREE (3) YEARS ARE ADVISED THAT HE OR SHE HAS THE FOLLOWING RIGHTS REGARDING THE SAFETY PERFORMANCE HISTORY INVESTIGATIVE INFORMATION THAT WILL BE PROVIDED TO THIS COMPANY **{GE TRANSPORT}** FROM THE PREVIOUS EMPLOYER(S):

- ✓ THE RIGHT TO REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS.

- ✓ THE RIGHT TO HAVE ERRORS IN THE INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER(S) AND FOR THAT PREVIOUS EMPLOYER TO RE-SEND THE CORRECTED INFORMATION TO THIS COMPANY.

- ✓ THE RIGHT TO HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER AND THE APPLICANT CANNOT AGREE ON THE ACCURACY OF THE INFORMATION.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. APPLICANTS ARE DULY INFORMED THAT THE INFORMATION HE/SHE PROVIDES WITH REGARDS TO PREVIOUS EMPLOYMENT MAY BE USED AND PRIOR EMPLOYERS WILL BE CONTACTED FOR THE PURPOSE OF INVESTIGATION OF THE APPLICANT’S SAFETY PERFORMANCE HISTORY INFORMATION AS REQUIRED BY 391.21 AND 391.23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

{APPLICANT PRINT NAME}

{APPLICANT SIGN NAME}

{DATE}

PRE-HIRE URIN AND/OR ORAL FLUID TESTING

I AGREE TO PAY THE FEES FOR THE REQUIRED PRE-HIRE URIN AND/OR ORAL FLUID TESTING. THE TOTAL COST OF THIS SERVICE WILL BE REIMBURSED TO ME AT THE COMPLETION OF MY 90 DAY PROBATION PERIOD WHILE EMPLOYED BY GE TRANSPORT. IF GE TRANSPORT PAYS THE REQUIRED PRE-HIRE URIN AND/OR ORAL FLUID TESTING AND I DO NOT COMPLETE THE REQUIRED 90 DAY PROBATION PERIOD, THE TOTAL EXPENSE OF \$50.00 FOR THE PRE-HIRE URIN AND/OR ORAL FLUID TESTING WILL BE DEDUCTED FROM MY FINAL CHECK.

I _____ HAVE READ THE ABOVE STATEMENT AND AGREE TO THE TERMS AS STATED.
{PRINT NAME}

{SIGNATURE}

{DATE}

NOTICE TO ALL APPLICANTS

PRE-HIRE URIN AND/OR ORAL FLUID TESTING OF ALL APPLICANTS

GE TRANSPORT HAS A VITAL INTEREST IN MAINTAINING SAFE, HEALTHFUL AND EFFICIENT WORKING CONDITIONS FOR OUR CUSTOMERS, THE PUBLIC AND OUR EMPLOYEES. USING OR BEING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS ON THE JOB MAY POSE SERIOUS SAFETY AND HEALTH RISKS NOT ONLY FOR THE USER, BUT TO ALL THOSE WHO WORK WITH THE USER. THE POSSESSION, USE OR SAL OF ALCOHOL OR AN ILLEGAL DRUG OR DRUGS IS CONSIDERED ILLEGAL UNDER FEDERAL REGULATIONS POSSESS UNACCEPTABLE RISKS TO SAFE, HEALTHFUL AND EFFICIENT OPERATIONS.

TO MEET THIS COMPELLING INTEREST AND IN COMPLIANCE WITH THE DEPARTMENT OF TRANSPORTATIONS ALCOHOL AND DRUG TESTING REQUIREMENTS (49CFR PART 382), APPLICANTS WHO WISH TO BE CONSIDERED FOR EMPLOYMENT MUST AGREE TO **SUBMIT A DOT PRE-HIRE URIN AND/OR ORAL FLUID TESTING.**

BY COMPLETING AND SIGNING THIS NOTICE AND THE ATTACHED APPLICATION OF EMPLOYMENT, THE APPLICANT UNDERSTANDS AND AGREES TO SUBMIT TO A PRE-HIRE URIN AND/OR ORAL FLUID TESTING AS PROVIDED FOR IN GE TRANSPORTS ALCOHOL AND DRUG POLICY.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH GE TRANSPORT OR ITS AFFILIATES. REFUSAL OF AN APPLICANT TO AGREE TO PRE-HIRE URIN AND/OR ORAL FLUID TESTING AT THIS TIME DOES NOT PRECLUDE APPLYING FOR EMPLOYMENT WITH GE TRANSPORT AT A FUTURE DATE.

{APPLICANT PRINT NAME}

{APPLICANT SIGN NAME}

{DATE}

TRAINING PROGRAM

DURING THE PROCESS OF RIDING ALONG WITH ANOTHER DRIVER, THE TRAINEE WILL BE PAID \$25.00 PER HOUR. FOR MSHA AND SITES SPECIFICS THE TRAINEE WILL BE PAID FOR THE CLASS PORTION AT \$25.00 PER HOUR AND WILL BE REQUIRED TO TRANSPORT A LOAD TO THE SITE FOR ANOTHER DRIVER TO UNLOAD; MSHA IS HANDLED IN-HOUSE AT GE TRANSPORT FERNLEY, NV TERMINAL.

DRIVERS WILL LEARN TO UNLOAD EQUIPMENT AFTER MSHA AND SITES SPECIFICS CLASSES ARE COMPLETED. DRIVERS WILL FOLLOW THE TRAINER TO THE SPECIFIED LOCATION DETERMINED BY DISPATCH. THE TRAINEE WILL UNLOAD BOTH HIS/HER OWN TRAILERS AND THE TRAILERS OF THE TRAINER. TRAINING SHOULD TAKE NO MORE THAN 5 DAYS WITH UNLOADING OF 10 LOADS UNDER SUPERVISION. TRAINEE (APPLICANT) WILL BE PAID FULL RATE FOR THE DELIVERY OF HIS/HER OWN TRAIN PER THE CURRENT PAY RATE FOR THE PARTICULAR SITE.

PRIOR TO UNLOADING TRAINING, DRIVER APPICANT MAY TRANSPORT LOADS TO OTHER DRIVERS OR RELAY LOCATIONS INCLUDING OTHER YARDS/TERMINALS OWNED OR OPERATED BY GE TRANSPORT. DRIVER APPLICANT WILL BE PAID AT CURRENT RELAY RATE FOR PARTICULAR LOCATION.

TRAINING FOR ANY NON-DRIVER APPLICANT WILL BE PAID AT THE EMPLOYEE’S CURRENT HOURLY RATE AT TIME OF TRAINING.

{APPLICANT PRINT NAME}

{APPLICANT SIGN NAME}

{DATE}